

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101 598,149

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4	/						54						
5		/					55						
6	/						56						
7		/					57						
8	/						58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13	/						63						
14		/					64						
15		/					65						
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18		/					68						
19		/					69						
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35		/					85						
36		/					86						
37	/						87						
38	/						88						
39		/					89						
40		/					90						
41	/						91						
42	/						92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24						TOTAL CLAIMS						